

Please complete and return.

Student Full Name: _____
FIRST MIDDLE LAST

Louisburg College

FERPA Information Release Form

It is the policy of Louisburg College, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our student's educational records unless the student has consented to disclose such information. Directory information such as student's name, address, telephone number, date and place of birth, major field of study, date of attendance, and academic honors and degrees awarded may be disclosed to the public. However, private information, such as grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, _____, authorize Louisburg College to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Louisburg College.

Please place your initials beside all that apply:

_____ All academic records

_____ All Financial Aid Information

_____ Student Accounts

Person(s) to whom information may be released (print legibly below):

Name: _____

Name: _____

Name: _____

I acknowledge by my signature that I understand that although I am not required to release my records, I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Louisburg College.

Student Signature: _____ Date: _____

This form will not be valid until received by the Registrar's Office in Davis, 203.